

Church of the Good Shepherd Outreach Grants Committee

Please complete the following to help us evaluate your request:

Name of Organization: _____

Are you a tax exempt organization with a 501c3 certificate? __Yes __No

Address: _____

Contact: _____ Phone: _____

Request Overview: _____

Request Amount: _____

1. Are members of Church of the Good Shepherd active with your organization? Please list them and describe their involvement.

2. If your request is for a special project or capital campaign, describe that project or campaign and attach a budget for the project.
 - a. What is the specific objective of the project or campaign?

 - b. How will you measure the success of the project or campaign?

Attach additional information if needed.

3. Are other individuals, agencies, or organizations involved in developing and implementing your project or campaign? Please list and describe their role.

4. If your request is to support general operations, describe the purpose of your organization and its programs and attach copies of your balance sheet and income statement.

5. Attach a copy of your current budget, listing all funding sources. Include a list of officers and directors.

6. What are the three largest financial commitments you have received for this project?

Contributor

Percent of Project

7. Do any of these commitments require matching funds? Yes No